

Best Available Copy

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SP		6-19-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	SP	852	0-07-09-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1 16 ✓ =	7-17
2 17	7-22
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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